

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS1774AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/11/2009
NAME OF PROVIDER OR SUPPLIER  LOYALTON OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation and resurvey conducted in your facility on 6/11/09/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for eighty-nine (89) Residential Facility for Group beds for elderly and disabled persons and sixteen (16) persons with Alzheimer's disease Category II residents. Four resident files were reviewed.  Complaint #22216 was substantiated without deficiencies. Complaint #22175 was substantiated, See Tag 860.  The following non-complaint deficiencies were identified:	Y 000	<i>Acceptable For 7/15/09</i> <i>Deegan</i>  This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.  The facility desires that this plan of correction be considered the facility's allegation of compliance.  Y 860 449.274(6)(a) Medical Care NAC 449.2175 I. CORRECTIVE ACTIONS 1. Personal care of Resident #1 will be reviewed by the Resident Care Director (RCD) or designee. Written personal care information related to resident care will be update based on the review of Resident #1's information sheet II. HOW TO IDENTIFY OTHER RESIDENTS Resident care information sheet for existing residents will be reviewed by the Resident Care Director or designee to make sure that each resident was care information documented on the resident information sheet. III. SYSTEMIC CHANGES Resident information sheet will be reviewed by the Resident Care Director and or designee at least every 6 months or after a significant change in condition and or level of care.	7/15/09 DS
Y 860 SS=D	449.274(6)(a) Medical Care  NAC 449.274 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires.	Y 860		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Executive Director*

(X6) DATE

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Y 860	Continued From page 1  This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide the resident with the personal care identified in the resident care information sheet for Resident #1.  Severity: 2 Scope: 1	Y 860	<b>IV. MONITORING PROCESS</b> This process will be monitored by the Executive Director by conduction on-going random review of resident information sheet to ensure continued compliance. In addition the Regional Director of Quality Services (RDQS) and or designee is going to review resident information sheet during on-going on-site visits. Findings and concerns identified will be shared with the Executive Director for resolution.		
Y 876 SS=D	449.2742(4) NRS 449.037  NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: Based on interview and record review on 6/11/09, the facility failed to ensure that an ultimate user agreement was followed for 1 of 4 residents. Resident #2 was permitted to self administer three medications since September 2008. There was a physician order and a signed ultimate user agreement the facility would provide the medications.  Severity: 2 Scope: 1	Y 876	<b>V. DATE COMPLETION</b> This plan of correction will be completed by 07/30/09.  <b>Y 876 449.2742(4) NRS 449.037 NAC 449.2742</b> <b>I. CORRECTIVE ACTIONS</b> Resident #2's ability to self-administer will be re-evaluated by a licensed nurse. The ultimate user agreement will be updated to reflect current evaluation of resident ability to self-administer medications. <b>II. HOW TO IDENTIFY OTHER RESIDENTS</b> Each resident at the community will be re-evaluated for self-administration of medications. Each resident identified appropriate and deemed capable of administering his/her medication will be have the appropriate documentation through the use of the ultimate user agreement. <b>III. SYSTEMIC CHANGES</b> Capability of resident to self administer medications will be re-evaluated every six months and as needed based on significant changes in condition and or significant change in level of care.  <b>IV. MONITORING PROCESS</b> This process will be monitored by the Executive Director and or designee by conduction random review of resident records on an ongoing basis. In addition this process will be monitored by the Regional Director of Quality Services (RDQS) and or designee during on-going visits to the facility. Concerns and findings	2/15/09 DS	
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order	Y 878			

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Y 878	<p>Continued From page 2</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/11/09, the facility failed to ensure that 2 of 4 residents received medications as prescribed (Resident #2 and #4). Review of the June Medication Administration Record revealed nine other residents did not receive medications as ordered while waiting for a refill from the pharmacy.</p> <p>This was a repeat deficiency from the 5/28/09 complaint investigation survey. This was a repeat deficiency from the 5/13/09 complaint investigation survey. This was a repeat deficiency from the 3/24/09 State Licensure Re-survey. This was a repeat deficiency from the 1/30/09 State Licensure Survey.</p> <p>Severity: 2      Scope: 3</p>	Y 878	<p>Identified will be shared with the Executive Director for resolution.</p> <p><b>DATE COMPLETION</b> This plan of correction will be completed by 07/30/09.</p> <p><b>Y878 449.2742(6)(a)(1)</b> <b>Medication/Change order</b> <b>NAC449.2742</b></p> <p><b>I. CORRECTIVE ACTIONS</b> Medications of resident #2 and 4 will be reviewed by a licensed nurse to ensure that medications are accurate and provide accurately to both residents affected. A call will be placed to primary physician to validate medications and necessary changes will be made as deemed appropriate</p> <p><b>II. HOW TO IDENTIFY OTHER RESIDENTS</b> Medication Administration Record and current medication physician orders for each existing resident will be reviewed by a licensed nurse and or preferred pharmacist/pharmacy. Necessary adjustment and or corrections will be made as deemed appropriate.</p> <p><b>III. SYSTEMIC CHANGES</b> Medication Administration Record will be reviewed monthly by a licensed nurse to ensure accuracy. In addition quarterly audit will be conducted at least quarterly and or as needed by a pharmacist. Necessary corrections will be made accordingly and will collaborate with resident, responsible party and appropriate physician.</p> <p><b>IV. MONITORING PROCESS</b> This process will be monitored by the Executive Director and or designee by conduction random review of Medication Administration Record (MAR) and physicians order on an ongoing basis. In addition this process will monitored by the Regional Director of Quality Services (RDQS) and or designee during on-going visits to the facility. Concerns and findings identified will be shared with the Executive Director for resolution.</p>		
Y 883 SS=F	<p>449.2742(7) Medication / Resident Refusal</p> <p>NAC 449.2742</p>	Y 883			

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Y 883	Continued From page 3  7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.  This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 3 of 4 residents (Resident #2, #3 and #4).  This is a repeat deficiency from the 1/30/09 State Licensure Survey and 5/28/09 complaint investigation.  Severity: 2 Scope: 3	Y 883	V. DATE COMPLETION This plan of correction will be completed by 07/30/09  Y 883 449.2742(7) Medication/Resident Refusal NAC 449.2742 I. CORRECTIVE ACTIONS Current medications for residents 2, 3 and 4 will be reviewed by a licensed nurse. A call will be placed to their respective physician/s and responsible party to summarize missed medications. New orders offered by their physician/s will be noted accordingly. II. HOW TO IDENTIFY OTHER RESIDENTS  a. Medication Administration Record and current medication physician orders for each existing resident will be reviewed by a licensed nurse and or preferred pharmacist/pharmacy. Each missed medication will be communicated to their appropriate physician and responsible party.  b. An in-service will be conducted by regional and or national nurse with the company and discuss the implication of missed medications. III. SYSTEMIC CHANGES  A supervisor or manager will be designated to review the MARs daily to ensure that omissions are addressed. Proper training and or counseling will be offered to staff to ensure continued compliance. IV. MONITORING PROCESS This process will be monitored by the Executive Director and or designee by conduction random review of Medication Administration Record (MAR) In addition this process will monitored by the Regional Director of Quality Services (RDQS) and or designee during on-going visits to the facility. Concerns and findings identified will be shared with the Executive Director for resolution.	
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review on 6/11/09, the facility	Y 936		

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Y 936	Continued From page 4  failed to ensure 1 of 4 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4) which affected all residents.  This was a repeat deficiency from the 1/30/09 State Licensure survey.  Severity: 2 Scope: 3	Y 936	<p><b>V. DATE COMPLETION</b> This plan of correction will be completed by 07/30/09</p> <p><b>Y936 449.2749(1)(e) Resident File NAC 449.2749</b></p> <p><b>I. CORRECTIVE ACTIONS</b> a. Appropriate tuberculosis testing will be completed for resident #4.</p> <p><b>II. HOW TO IDENTIFY OTHER RESIDENTS</b> Resident file/record for each resident will be reviewed by the Executive Director and or his designee to ensure that tuberculosis testing is complete.</p> <p><b>III. SYSTEMIC CHANGES</b> The record/file for each new move-in/admitted resident will be reviewed by the Resident Care Director (RCD) to make sure that tuberculosis testing is complete.</p> <p><b>IV. MONITORING PROCESS</b> The Executive Director and or his designee will review record/file of new residents to ensure continued compliance. In addition random resident record review will be completed by the Regional Director of Quality Services and or designee during her on-going visits to the community. Findings will be shared with the Executive Director for follow-up.</p> <p><b>V. DATE COMPLETION</b> This plan of correction will be completed by 07/30/09</p>	2/15/09 DB

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